

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA – CLAIM FORM
(to be completed by the Claimant & CBS Post Office)
(To be submitted in Duplicate)

1. NAME OF THE SCHEME : PradhanMantriJeevanJyotiBimaYojana
2. POLICY NO. :
3. FULL NAME AND ADDRESS OF THE BANK :
4. NAME OF THE DECEASED MEMBER :
5. SAVINGS BANK ACCOUNT NO. OF DECEASED :
6. AADHAR NO. OF DECEASED (if available) :
7. CIF NUMBER OF DECEASED :
8. DATE OF ENTRY INTO SCHEME BY MEMBER :
9. DATE OF DEATH OF MEMBER :
10. CAUSE OF DEATH :
11. NAME OF NOMINEE * :
12. RELATIONSHIP OF NOMINEE TO DECEASED :
13. ADDRESS OF THE NOMINEE :
14. MOBILE NO. OF THE NOMINEE :
15. AADHAR NO. IF AVAILABLE :
16. DETAILS OF SAVINGS BANK ACCOUNT OF NOMINEE: select POSB/Bank account below

POSB account details		OR	Bank account details	
Nominees POSB A/c No			Nominees Acct No	
Bank Name	DOP Chennai GPO		Bank Name	
IFS Code	SBIN0000DOP		IFS Code	

We hereby declare that the answers to all the above questions are true in every respect and this is the only claim preferred under the PradhanMantriJeevanJyotiBimaYojana for the above deceased member. We enclose Death Certificate as the proof of death of the Member along with a duly executed discharge form.

*In case the Nominee is a minor, the Guardian/Appointee may fill in the claim form.

(Signature of the Nominee* /Claimant)

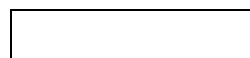
We hereby certify that the above member was covered under the PMJBY Scheme and premium was debited from his bank account on the renewal date prior to his death and remitted to (Name of Insurance Company). We also certify that as per our records, Shri/Smt. _____ is the nominee of the above insured Member for the said scheme.

PLACE _____

DATE: _____

(Signature of authorized official of the Post Offc)

Seal



DISCHARGE RECEIPT FOR PAYMENT UNDER PMJJBY SCHEME

Policy No:

Name of the Post Office:

I/We, _____ do hereby acknowledge receipt from the -----(Name of Insurance Company), a sum of Rs.2,00,000/- (Rupees Two lakhs only) in full satisfaction and discharge of all our claim/s under the above policy on the life of Mr./Ms. _____, covered under this scheme under Savings Bank Account No.,-----

Dated at _____ this _____ day of _____ 20

Witness: _____

REVENUE
STAMP

(Signature of the Nominee* /Claimant)

Details of nominee / appointee (in case nominee is minor):

Name : _____

Mobile No. : _____

E-mail Id:

Aadhar Number (if available): _____

POSB/ Bank Account No. : _____

Name of the Bank : _____

Branch:

Address: _____ IFSC Code :

*In case the Nominee is a minor, the Guardian/Appointee may fill in this form.

(Signature of the Nominee* /Claimant)

Mandatory requirements:-

1. Claim form and discharge receipt duly filled in with all details in blue ink only.
2. Claim to be registered in Finacle using CCSPMY menu and claim ID/Reference number to be annotated on main claim form in Red Ink.
2. Death certificate duly in Hindi or English only.
3. Identity proof of Deceased (Aadhar card only).
4. Identity proof of nominee/claimant (Aadhra card only).
5. Transaction statement of deceased from Finacle (HACLI) showing the proof of deduction of Rs 330/-.
6. Transaction statement of Nominee from Finacle (HACLI) if account is in Post Office. If account of Nominee is in Nationalised Bank then a copy of the Cancelled Cheque or the Pass Book copy indicating Name of Nominee, IFSC , Account number etc.
7. PMJJBY enrolment form of deceased to be attached with the claim case.
8. Name of deceased and nominee must be same at all places and in all documents attached. If not kindly provide a valid reconciliation from appropriate authorities for difference in name.
9. All document in local language to be translated to either Hindi or English only.
10. The whole claim is to be submitted in Two copies (every single page in two copies).
11. All documents (every single page) is to be counter signed by the Postmaster concerned with the designated Postmasters Stamp .
12. Name of deceased and nominee to be same at all places and in all documents. For any difference in name a reconciliation certificate is must from appropriate authorities.